

DRN: _____

SUPPLEMENTAL / BID BULLETIN NO. 1

TITLE : PURCHASE AND ELIVERY OF PRE-PACKED HYGIENE KITS
ITB NO. : 22-DSWDF01-09
DATE : 07 NOVEMBER 2022

This Supplemental/ Bid Bulletin is issued to all prospective bidders informing the following changes/additional technical specifications:

A. Changes on the Bid Data Sheet

FROM	TO
Section 20. A complete set of Hygiene Kit must be presented during the Post-Qualification. The Bids and Awards Committee – Technical Working Group will check the contents and plastic bucket whilst the Social Marketing Unit will check if it follows the branding guidelines of the agency	Section 20. A complete set of Hygiene Kit must be presented during the Post-Qualification. The Bids and Awards Committee – Technical Working Group will check the contents and plastic bucket.

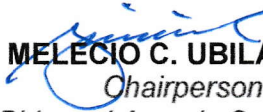
B. Changes on the Technical Specifications

FROM	TO
b. Toothpaste ➤ Two (2) tubes ➤ At least 145 grams	b. Toothpaste ➤ At least 290 grams total
c. Shampoo ➤ One (1) bottle ➤ 150 ml	c. Shampoo ➤ at least 150 ml
d. Bath Soap ➤ Four (4) pieces ➤ At least 135 grams in total	d. Bath Soap ➤ At least 540 grams in total
e. Laundry Soap ➤ At least 2000 grams	e. Laundry Soap ➤ At least 2000 grams in total
k. Plastic Bucket with Cover and Handle Square Plastic Bucket with deep cover and plastic handle b. AT BACK, as shown DSWD Logo HYGIENE KIT Toothbrush Toothpaste Shampoo Bath Bar Soap Laundry Bar Soap Sanitary Napkin Comb	k. Plastic Bucket with Cover and Handle Square Plastic Bucket with deep cover and plastic handle b. AT BACK, as shown DSWD Logo HYGIENE KIT Toothbrush Toothpaste Shampoo Bath Bar Soap Laundry Bar Soap Sanitary Napkin Comb

Disposable Shaving Razor Nail Cutter Bathroom Dipper For Emergency Purposes NOT FOR SALE EXPIRATION DATE: _____	Disposable Shaving Razor Nail Cutter Bathroom Dipper For Emergency Purposes NOT FOR SALE
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This Bid Bulletin shall form part of the bidding documents.

Please be guided accordingly.


MELECIO C. UBILAS, JR.
 Chairperson
 Bids and Awards Committee

Please accomplish the portion below and email at bac.fo1@dswd.gov.ph .

RECEIVED BY : _____ DATE: _____
 (SIGNATURE OVER PRINTED NAME)

DESIGNATION : _____

COMPANY : _____